07-24-07

PART B - FEE(S) TRANSMITTAL

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SOUTHWEST RESE PO DRAWER 28510 SAN ANTONIO, TX 7	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
07/25/2007 SFELEK	(Depositor's name)						
01 FC:2501 700.00 OP				(Signature)			
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	VTOR .	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/811,485 03/26/2004			Ronghua Wei SWRI:003 8882			8882	
TITLE OF INVENTION: METHOD AND APPARATUS FOR FORMING A NITRIDE LAYER ON A BIOMEDICAL DEVICE							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE I	DUE PREV. PAID	ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$	0	\$700	09/24/2007
EXAMINER ART UNIT		ART UNIT	CLASS-SUBCLAS	<u>s</u> .			
CAMERON, ERMA C 1762			427-002100	-			
1. Change of corresponde CFR 1.363). Change of corresponders form PTO/SB "Fee Address" indirection PTO/SB/47; Rev 03-03 Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) SOUTHWEST RESEARCH INSTITUTE SAN ANTONIO, TEXAS							
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government							
4a. The following fee(s) a ✓ Issue Fee ✓ Publication Fee (N ☐ Advance Order - #	ib. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).						
5. Change in Entity Stat	SMALL ENTITY stat	us. See 37 CFR 1.27.				ITITY status. See 37 C	
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Authorized Signature		Junabist	le	Date <u>J</u>	uly 16, 200	7	
Typed or printed name Joseph C. Arrambide					tion No. <u>39</u>		
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